

CALIFORNIA DEPARTMENT OF EDUCATION
School Facilities Planning Division
Office of School Transportation
3500 Reed Avenue
West Sacramento, CA 95605
916 375-7100

**Transporting Children with Special Needs
Program Application**

Please Print

Name _____ Instructor ID# _____
(First) (MI) (Last)

Home Address _____
(Street)

(City) (State) (Zip)

Phone # _____ Fax # _____

Driver License # _____ DL Restriction _____

Special Cert. Rest. _____ Instructor Cert. Rest. _____

Employer _____

Mailing Address _____
(Street)

(City) (State) (Zip)

Phone # _____ Fax # _____

Email _____

Class Attendance is for active certified instructors only. Participants will be chosen by a lottery of applications accepted by the Department and you will be notified by phone and in writing no less than one month prior to any given class.

Please check one of the following:

Option #1 (four-day program)

Option #1 _____

Option #2 (five-day program, includes car seat training)

Option #2 _____